FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -
11725

2. Fiscal Year Covered From:

$\boxed{1}$ / $\boxed{1}$ / $\boxed{2004}$ Through: $\boxed{12}$ / $\boxed{31}$ / $\boxed{2004}$

3. Name and address of person filing.

Name: Gerald | Savage

P.O. Box, Bldg., Room No., if any

Street: 13 Victoria Drive

City: LaSalle

State: Illinois   ZIP Code + 4: 61301

4. Name, file number, and address of labor organization.

Name: United Auto Workers Local 2488

Labor Organization File Number *530352*

P.O. Box, Building and Room Number, if any

Street: 10226 E. 1400 North Road

City: Bloomington

State: Illinois   ZIP Code + 4: 61704-5195

5. Position in labor organization. Sergeant-at-Arms

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Gerald W. Savage*   On *8-12-7*   *815-224-1823*

Date   Telephone Number